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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) ANN L. WAGNER									
	(b) Address (number and street) PO Box 50	₹ Check if address changed				Candidate's FEC Identification Number H2MO02102				
_	(c) City, State, and ZIP Code						ew	Amende	ed	
	BALLWIN		M	6302		Statement (N) OR	X (A)		
4.	Party Affiliation	5. Office Soug	ght		6. State & Distr	rict of Candidate				
	REPUBLICAN PARTY	House			IVIO	02				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	'. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) ANN WAGNER FOR CONGRESS										
	(b) Address (number and street) PO BOX 50									
	(c) City, State, and ZIP Code									
	BALLWIN				МО	63022				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my										
candidacy. NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full) WAGNER VICTORY FUND										
	(b) Address (number and street) PO BOX 50									
_	(c) City, State, and ZIP Code									
	BALLWIN				MO	63022				
	I certify that I have exa	mined this Sta	tement and to	the best or	my knowledge a	nd belief it is true, correct	and complete).		
Si	gnature of Candidate					Date				
A	NN L. WAGNER			[Elec	etronically Filed]	04/15/2015				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
							J			

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